

ADDENDUM No. One (1)

Request for Proposals (RFP) 09 90032

Commodity Code 918 04

**Suffolk County Purchasing Division on behalf of the Comptroller's Office is Seeking Proposals For
The Audit of Suffolk County's Financial Statements**

Proposals must be received by 3:30 PM on December 11, 2009

**Suffolk County Purchasing Office
360 Yaphank Avenue, Yaphank, NY 11980**

This Addendum contains:

- Updated Exhibit F reflecting additions to the specifications
- The following documents are available by email request to Koppenhoefer@suffolkcountyny.gov
 - Two management representation Letters
 - Most recent Engagement Letter
 - An electronic version of the County's Single Audit Report
- Please note that the County's Comprehensive Annual Financial Report (CAFR) is available on the Comptroller's website.

For additional information please contact:

Name: Kathleen C. Koppenhoefer

Title: Government Liaison Officer

Suffolk County Purchasing Office

360 Yaphank Avenue, Yaphank, NY 11980

Main Tel. (631) 852-5196

Direct Tel. (631) 852-5463

Fax: (631) 852-5221

Email: koppenhoefer@suffolkcountyny.gov

Response Package Requirements

- Submissions to be sent to Suffolk County Purchasing Office
- Number of Copies: Original plus 12 copies
- The Purchasing RFP No. (located on upper right hand corner of this page) must be on:
 - All outer mailing envelopes/package
 - Original Response and all copies on the binder/cover page
- Original must be labeled "ORIGINAL"
- Original must contain the actual ink signed and notarized required County forms
- All copies must be complete copies of the Original
- Fee Schedules, original and required number of copies are to be in a separate, single, sealed packet to be included with the Original Proposal ONLY
- Proposals should be submitted in a tabbed and labeled binder, not permanently bound
- Transmittal letter and all required forms should be placed in First Tab of Binder
- Do NOT return RFP document. This is for you to keep for reference.

Late Proposals will be Rejected

Exhibit F
Required Audits of County Operations
For the Period January 1, 2009 to December 31, 2011

Required Coverage	Reports Required	Year-End Audit Period	Date Final Report Due	Significant Audit Guides, Regulations, Laws, etc. (b)	Audits Required By	No. Of Copies Required	Responsible Suffolk County Department
A. County Operations- General Fund, Special Revenue Funds, etc.	1. Financial Statements (with Auditor's Opinion)	12/31/2009	6/15/2010	Government Auditing Standards, (Yellow Book), (GAGAS)	Suffolk County	Electronic Format	Suffolk County Comptroller's Office
		12/31/2010	6/15/2011	Generally Accepted Auditing Standards (GAAS)			
		12/31/2011	6/15/2012	Generally Accepted Accounting Principles (GAAP)			
	2. Single Audit	12/31/2009	9/30/2010	Audits of State and Local Governments, OMB Circular A-133	Federal Government	100	Suffolk County Comptroller's Office
		12/31/2010	9/30/2011	Government Auditing Standards			
		12/31/2011	9/30/2012				
	3. Single Audit of State Transportation Assistance	12/31/2009	9/30/2010	Audits of State and Local Governments, Government Auditing	NYS Department of Transportation	include in Single Audit Report	Suffolk County Comptroller's Office
		12/31/2010	9/30/2011	Standards, New York State Codification of Rules and			
		12/31/2011	9/30/2012	Regulations, Part 43			
	4. Comprehensive Annual Financial Report (CAFR)	12/31/2009	6/15/2010	Certificate of Achievement for Financial Reporting-Special	Suffolk County	100	Suffolk County Comptroller's Office
		12/31/2010	6/15/2011	Review Committee Checklist			
		12/31/2011	6/15/2012				
	5. Management Letter	12/31/2009	9/30/2010	GAGAS, GAAS, GAAP	Suffolk County	100	N/A
		12/31/2010	9/30/2011				
		12/31/2011	9/30/2012				
B. Nursing Home	1. Financial Statements	12/31/2009	5/31/2010 (a)	GAGAS	New York Dept of Health (NYSDOH)	50	Health Services
		12/31/2010	5/31/2011 (a)				
		12/31/2011	5/31/2012 (a)				
	2. Annual Report of Residential Health Care Facility (RHCF-4) (with Auditor's Opinion)	12/31/2009	5/31/2010 (a)	Commissioner of Health's Administrative Rules and Regulations on Reporting and Rate Certification for Medical Facilities (Title 10, Vol. 1(A) of the Official Compilation Codes, Rules and Regulations of the State of New York (NYCRR)	NYSDOH	50	Health Services
		12/31/2010	5/31/2011 (a)				
		12/31/2011	5/31/2012 (a)				
	3. Management Letter	12/31/2009	7/31/2010	GAGAS, GAAS	NYSDOH	50	Health Services
		12/31/2010	7/31/2011				
		12/31/2011	7/31/2012				

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C. Long-Term Home Health Care (b)	1. Long-Term Home Health Care Medicaid Program	12/31/2009	7/31/2010 (a)	Instructions furnished by the New York State Dept. of Health (NYSDOH Instructions)	NYSDOH	50	Health Services
	Cost Report (with Auditor's Opinion)	12/31/2010	7/31/2011 (a)				
		12/31/2011	7/31/2012 (a)				
D. Diagnostic & Treatment	1. Methadone Maintenance Centers	12/31/2009	6/15/2010 (a)	NYSDOH Instructions	NYSDOH	50	Health Services
	AHCF-1 Report(s)	12/31/2010	6/15/2011 (a)				
	(with Auditor's Opinion)	12/31/2011	6/15/2012 (a)				
	2. Comprehensive Primary Centers-AHCF-1 Report(s)	12/31/2009	6/15/2010 (a)	NYSDOH Instructions	NYSDOH	50	Health Services
	(with Auditor's Opinion)	12/31/2010	6/15/2011 (a)				
		12/31/2011	6/15/2012 (a)				
E. Consolidated Fiscal Reports (CFR)	1. Opinion on CFR Financials-Mental Health	12/31/2009	5/31/2010 (a)	NYSDOH Instructions	NYSOMH NYSOMRDD NYSOASAS	50	Health Services
	(Separate Reports on Admin. and Direct Expense)	12/31/2010	5/31/2011 (a)				
		12/31/2011	5/31/2012 (a)				
	2. Opinion on CFR Financials-Alcohol and Drug Abuse	12/31/2009	5/31/2010 (a)	NYSDOH Instructions	NYSOMH NYSOMRDD NYSOASAS	50	Health Services
	(Separate Reports on Administrative and Direct Expenses)	12/31/2010	5/31/2011 (a)				
		12/31/2011	5/31/2012 (a)				

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F. Certified Home Health	Certified Home Health Agency Medicaid Cost Report (with Auditor's Opinion)	12/31/2009 12/31/2010 12/31/2011	7/30/2010 (a) 7/30/2011 (a) 7/30/2012 (a)	NYSDOH Instructions	NYSDOH	50	Health Services
G. Review of Offering Statements for Bond and Note Sales	Consent Letters	Requires 7 business day turn-around for approximately 3 statements per year			N/A	N/A	Suffolk County Comptroller's Office
H. Additional Audits/ Reviews Required	1. Opinions Relative to Tax Matters	(Please indicate hourly rates for each title)					
	2. Management Information Services	(Please indicate hourly rates for each title)					
	3. Miscellaneous Audits/Reviews and Assistance as required	(Please indicate hourly rates for each title)					

(a) Or date required by Federal, State or County, if earlier.
(b) Additional Compliance requirements and Audit Guide, as applicable.